STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	000255	A. BUILDING _____ B. WING _____	C 09/04/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BYRON HEALTH CENTER	**12101 LIMA RD FORT WAYNE, IN 46818**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00113948. Complaint IN00113948 - Substantiated. No deficiencies related to the allegation are cited. Survey Date: September 4, 2012 Facility number: 000255 Provider number: 155255 AIM number: 100273280 Survey team: Rick Blain, RN - TC Sue Brooker, RD Diane Nilson, RN Census bed type: SNF/NF: 3 NF: 109 Residential: 43 Total: 155 Census payor type: Medicare: 2 Medicaid: 149 Other: 4 Total: 155 Residential Sample: 3 Byron Health Center was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00113948. Quality review completed on September 6, 2012 by Bev Faulkner, RN	R 000		